

# MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

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## TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF PHILADELPHIA.

November 14th, 1839.

The President, Dr. GERHARD, in the Chair.

Dr. STILLÉ presented a specimen of

### *Strangulated Hernia,*

and read the following account of the case:

S. S., æt. 58, a tailor, of temperate habits, has had a small elastic tumour of the right groin for about two years; it gave him no trouble till recently, and could be reduced at pleasure. He can assign no probable cause for its appearance other than the habitual constipation and the cross-legged posture common to persons of his trade. About the end of September last, he complained of a pain in the right groin, to his wife, who was then, for the first time, aware of the existence of any tumour in that part. The pain lasted but a few hours, and disappeared without any interference. S. then continued well until the morning of the 30th of October, when, being at his work, he suddenly felt a sharp and severe pain in the inguinal tumour. Supposing the pain to be colic, he went to stool, and had a slight passage, but without marked relief. He, however, continued to work with some difficulty until a little before his usual hour of leaving off, and hastened home. The pain now grew doubly severe, so much so that a physician was called in, who, according to the patient's subsequent declaration, pronounced that he had a rupture, and then ordered a dose of castor oil with a small white powder, having done which, he retired. This prescription procured no abatement of the symptoms, and no passage from the bowels took place; shortly after, vomiting came on, the matter rejected being principally stercoraceous. This condition continued during the whole night, while the patient was gradually becoming weaker, and his sufferings more violent. When morning came, the physician returned, and having found that an enema did not succeed in evacuating the bowels, directed the patient to be carried to the hospital, where he arrived about half past 9, A. M., on the 31st of October.

He lay, when I saw him, upon his right side, his knees drawn up, and his body curved towards them; he groaned deeply; his eyes were dull, his countenance haggard, his features contracted and livid; his extremities cold; his abdomen hard and moderately tumid. He was pulseless at the wrists, and referred his pain to the left hypochondrium and right groin. In the latter place, over the spermatic cord, there was a tumour about as large as an English walnut, elastic, moveable, and, in part, disappearing under

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pressure. The abdominal ring could be distinctly felt, and an irregular body lying over its lower margin. Some wine and water, with thirty drops of laudanum, were ordered, and a warm bath. After remaining in the bath for twenty minutes, his extremities felt as warm as the trunk; on leaving the water he fainted, and discharged from the rectum about a gill of yellow liquid fæces. On coming to himself, about two minutes afterwards, he was able to articulate faintly, but the pulsations of the radial artery were still imperceptible. Some more wine and water were administered, and he swallowed the mixture without difficulty. About 11 o'clock he was seen by Dr. Norris, then visiting surgeon of the hospital; his pulse might be felt pulsating faintly at the wrist. While preparations were making for performing the operation for strangulated hernia, the patient died.

On examining the body, about four hours after death, the following observations were made.

The tumour, in right groin, as before. The skin and superficial fascia were raised from the right iliac, inguinal and femoral regions, and the fibres of the cremaster muscles, found covering the tumour with a beautiful net work. The hernial sac was opened, and about one fluid drachm of reddish serum discharged from it. An intestinal loop was then disclosed, a little more than two inches long, of a dark and equable lake colour, a shining surface, and without any gangrenous points. The neck of the protruded fold of intestine was firmly embraced by the abdominal ring, and could not be withdrawn from it.\* The cavity of the abdomen contained a considerable quantity of reddish serum, and the intestines were distended by fluid and gas. The former in the portion of small intestine, above the hernia, being of a grumous consistence, adherent to the mucous membrane, and convertible, by alcohol, into a dense fibrinous coagulum. The same is true of the matter contained in the loop without the abdomen.

This case adds one to the number already on record, going to prove the superior danger of small over large herniæ. It is perhaps probable that, had the person at first called to the case, been aware of this fact, he would have pursued a more energetic course of treatment, than the mere exhibition of palliatives. Had he done so, the fatal issue might, in all probability, have been averted.

\* The epigastric artery passed on the inner side of the neck of the sac, and would not have been wounded by cutting upward from the stricture.

AN ACCOUNT OF A RECENT EPIDEMIC OF SCARLATINA in Mercer and Venango Counties, Pa. By E. W. GLIZEN, M. D.

To the Editors of the Medical Examiner.

GENTLEMEN,—My object in the present communication is to offer you an account of an epidemic of scarlatina, which has been for some time prevailing in the eastern part of Mercer, and western part of Venango counties, in Pennsylvania.

As usual, the three varieties of the disease were presented, in different individuals, in many of the same families. So, likewise, in some the scarlet eruption was present, and in some it was wanting, though there was a greater proportion of general eruptive cases in this epidemic than is usual in epidemics of the disease in this region. The malignant cases which I saw were rendered so, either by an attack of vomiting and purging, or by the use of too active emetics and cathartics. Some cases, which were ushered in by vomiting and purging, terminated fatally in twenty-four and forty-eight hours. Others put on all the characters of malignant scarlatina,—great prostration of strength; more or less coma; small and frequent pulse; imperfect reaction; imperfect appearance, and disappearance of the eruption; coldness of the extremities; extensive inflammation and ulceration of the tonsils, extending up into the posterior nares, and discharging a thin coryza, which excoriated the parts; great precordial distress; countenance sunk, and lips purple. Some of these cases lasted six and seven days.

I witnessed several of these cases which terminated fatally, which had been in progress four and five days when I was called into the neighbourhood, which is fifteen miles east of the borough of Mercer, where I reside. The plan of treatment which I fixed upon, and which proved successful, in between forty and fifty cases, was mainly as follows:—In the malignant cases, attacked as above described, every effort was made to check the vomiting and purging speedily, by sinapisms to the stomach, feet, and legs, aqua ammonia, and warm brandy sling, camphor, and opium. As soon as this could be checked, and reaction was brought about, I commenced with small doses of calomel and ipecac., being careful not to produce nausea; at the same time I gave a tea-spoonful of a solution of common salt, and an infusion of cayenne pepper, prepared by putting a teaspoonful of cayenne and two teaspoonsful of salt into a tea-cup full of boiling water, together with twelve drops of aqua ammonia, every two hours. For a drink, I ordered cold water to be poured upon slippery elm bark, in which was dissolved a small quantity of nitre. This course I pursued till the patient complained of a slight soreness of the teeth; the calomel and ipecac. were then discontinued, and small, but daily doses of cold-pressed castor oil, were ordered to be continued till the stools, which were now very dark, should become natural. As a febrifuge,

after the reaction was fully established, the surface was, as often as necessary to moderate the intensity of the heat, sponged over with cold water. Where any local determination appeared, as was often the case in the region of the stomach, the skin was slightly scarified, and the tartar emetic ointment applied.

The same ointment was applied externally in the same way over the tonsils. These pustules, after twelve hours, were dressed with cabbage leaves. The only thing to guard against in the application of the tartar emetic ointment over the tonsils, is the production of too deep sores, and consequent scars.

In those cases in which the reaction was vigorous, the use of the cayenne was evidently hurtful. My practice in these cases was to give of calomel and ipecac. each three grains, at bedtime, to be followed in the morning with castor oil,—and through the day, if the pulse was high, and the heat of the surface intense, I gave divided doses of ipecacuanha at intervals of one or two hours, till the patient vomited. The calomel and ipecac. I continued till the gums were touched, or the fever abated. The ipecac. and castor oil were used daily till all evidence of fever disappeared.

The tartar emetic ointment, or the Croton oil to pustulate, was applied over the tonsils, in every variety, and always with immediate relief to the throat. It appeared to me that the cayenne and salt were useful only in the malignant cases, and those cases in which it evidently kept up a perspiration; in all other cases, especially where the action was vigorous, it evidently increased the pain and inflammation of the throat, and indeed aggravated every symptom.

In fine, the whole object was to preserve a medium of action, and correct the secretions. The internal use of the tartar emetic, to any extent, was most injurious. The spongings with cold water were frequently attended with the happiest effects in allaying that restlessness produced by the heat and eruption upon the surface.

Mercer, Pa., September 24th, 1839.

On the Vesicating Properties of the Weevil. Extracted from the Inaugural Essay of Wm. M. S. RIDLEY, M. D., of North Carolina.

I propose offering to the consideration of the Medical Faculty of the University of Pennsylvania, the results of some experiments made by me for the purpose of ascertaining the vesicating powers of an insect, commonly known by the name of *Weevil*, and in Natural History by that of *Calandra granaria*.

A scientific description of this small insect may be found in the 12th volume of the Encyclopædia Americana, under the head of Curculis. It is best known in the south from the great havoc it produces among crops of wheat and other small grain. Its ravages are not confined to the grain while maturing, but even after it is harvested the farmer encounters the greatest difficulty in expelling this intruder from his granaries.



"The *Calandra granaria* is a native of Europe, whence it has probably been introduced into this country in the grain which has been from time to time imported. Immense quantities of the insect are now found in the southern parts of the United States; and its devastating influence is felt in all those sections in which grain is the chief article of cultivation. It may generally be found, in swarms, in beds of wheat, corn, rye, or oats, and more especially when the grain is garnered in warm barns, which have been in use for some length of time. It is not to be seen in the open air in autumn or winter, as it goes into winter quarters early in the fall, and is not out again until late in the ensuing spring.

"In the fall of 1836, in the State of North Carolina, the author was overlooking some negroes, who were stirring and removing a quantity of wheat from one granary to another. This occasioned much disturbance among the insects. The weevil, in seeking a place of refuge, would alight, indiscriminately, in every direction, and particularly upon the bare necks and hands of the persons engaged in removing their beds. The negroes would either brush them away or crush them upon the surface. I noticed, on the subsequent day, that all those who had been thus engaged, were much spotted and blistered upon the parts of their bodies which had been exposed. This induced me to inquire of them the cause of the peculiar appearance, when one of the most intelligent of them informed me that it was a necessary consequence of thrashing, or otherwise interfering with wheat after it had been garnered. Being rather incredulous, I made some inquiries of intelligent farmers, who informed me that it was a fact which they had long noticed, but could not account for.

"Having determined to investigate the affair, I made some experiments with the insects, and found that, upon being crushed upon the naked skin, they had the effect of producing vesications to a considerable degree. I also found that the effect was greatest immediately at the spot where the insect was crushed, and that the more equally the resulting fluid was diffused over the surface, the less was the injury done to the skin. These facts induced me to try the efficacy of the weevil as a vesicating agent.

"Having collected some of the insects, and exposed them to the sun's rays, for the purpose of drying them, I prepared them into a cerate, according to the directions of the United States Pharmacopœia for "Ceratum Cantharides." A portion of this preparation I presented to my preceptor, Dr. James Ridley, with the request that he would employ it on the first opportunity, and inform me of the result. In a few days an opportunity was offered, and the cerate made from the weevils was substituted for the ordinary blistering cerate made with Spanish flies. It was found to produce identically the same effect as the latter, causing in a short time redness of the part, and in the course of a few hours, full vesication, without any symptoms of strangury. Since the time above adverted to, the author

has had it in his power to employ the remedy only once; and, in this instance, it was desirable to obtain only its rubefacient action. The application was made over the epigastrium, and the effect desired was produced in a few hours. From these facts it may be inferred that the therapeutical operation of the weevil, as an external remedy, is the same as that of the Spanish or potato fly. Its internal use may also be found identical, but the author has yet made no trials with it in this way. He only wishes to call attention to the subject, as it certainly presents an ample field for investigation, and may lead to curious if not useful results.

"The only difficulty attending the investigation is that of taking the insects without injuring them, as upon this depends their efficiency as a remedy. The best method is to build up a large fire in the barn in which they may reside, when, if aroused from their beds in the grain and crevices of the granary, they will assemble in swarms towards the centre of the building, immediately over the fire, and will then fall down, either from the effects of the heat or from suffocation. After this, they may be collected and exposed for drying to the sun's rays. For use, they may be powdered, and treated precisely as the Spanish fly, in the preparation of the blistering cerate."

*Extract from a Letter of Dr. Ridley, to Prof. Wood, of this City, dated Columbus, Georgia, November 3d, 1839.*

"Since obtaining my degree, I have continued to use the cerate made from the *Calandra granaria*, and it gives me much pleasure to assure you that my expectations have been even surpassed. I am so fully convinced of its superiority as a vesicative agent over that prepared from the Spanish or potato fly, that I have adopted it in my practice, to the almost entire exclusion of the cerate in common use. My opinion is supported by numerous practitioners who have noticed its effects, and pronounce their preference for it over any other vesicating ointment they have ever used. It will produce a blister sooner than any other ointment, without those distressing symptoms so commonly attendant upon the action of cantharides."

#### BIBLIOGRAPHICAL NOTICES.

"*Des Préparations d'argent et de leur utilité dans le traitement des maladies Vénériennes.* Par ADRIEN SICARD, Docteur en Médecine, &c. &c. Montpellier: 1839. 8vo., pp. 84."

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which we collected in the wards of Mr. Biett, had led us to a conviction of the inefficacy of the salts of silver in the treatment of syphilis. We could not avoid the conclusion that it was in fact an inert substance. Beyond an irritation of the alimentary canal, no symptom appeared after the administration of this supposed remedy, either in the twenty-five cases of Mr. Serre, or in those published by Dr. Trudeau and myself, that could be attributed to the effects of silver on the animal economy. Notwithstanding these impressions, we commenced the perusal of the essay of Mr. Sicard with, we think, a perfect openness to conviction, and a determination to give due weight to the clinical facts presented, if in number and accuracy of statement they could claim superiority over those which we had published on the subject. A careful perusal of this essay, however, so far from inducing us to surrender our opinions, has confirmed and strengthened the conclusions which we had previously arrived at. To do full justice to the work of Mr. Sicard, so far as the practical portion of it is concerned, and as the topic is of considerable therapeutic interest, we propose to make a brief analysis of the essay, and put the reader in possession of the facts, for the exercise of his own judgment.

We pass over the first part, which is devoted to a review of the work of Mr. Serre, to commence at once with the analysis of the cases.

Obs. 1st. "*Chancre on the prepuce.*"—The patient, a man, entered the Hôtel Dieu St. Eloi, of Montpellier, sixteen days after the first appearance of the disease, having up to the time submitted to no treatment. He presented upon the prepuce "a chancre as large as a ten sous piece, the edges perpendicular, the surface of the sore very red, and but little painful;" (venesection, rest.) On the twenty-first day of the disease, Mr. Serre ordered the chloride of silver gr. 1-10th daily; no local application. A few days later, dried lint was placed between the prepuce and the glans penis. On the fifteenth day of the treatment, in the place of the chancre, there was a red and indurated spot, which soon became very considerable. The local application of the powder of Vienna was now added to the treatment. About three weeks later, the patient was ordered to take two glasses of sarsaparilla daily. In a few days the induration was much reduced, and sulphur ointment was then applied to the parts. The patient left, cured, fifty-seven days after his

entrance, and seventy three days from the first appearance of the chancre.

Obs. 2d. "*Chancres at the base of the gland.*"—This patient, a soldier, of a lymphatic temperament, and of a feeble constitution, treated himself during one month by the sole application of simple cerate. At his entrance there existed, "at the base of the glans, a chancre, six lines long, and three wide; edges perpendicular; surface of the ulcer very red;" (pills of chloride of silver, dry charpie locally.) On the fortieth day of the treatment the chancre was cicatrized, but there remained an "indurated point," for which the powder of Vienna was ordered, and the bichloride of mercury gr.  $\frac{1}{4}$ , daily. The patient finally left, preserving still "a little induration." Duration of treatment sixty-one days.

Obs. 3d. "*Chancres encircling the base of the gland.*"—A soldier, twenty-three years of age, of a lymphatic temperament. At his entrance, (twenty days after the commencement of the ulceration,) he presented, at the base of the glans penis, "a chancre which surrounded it in the form of a collar, six lines in breadth; edges perpendicular; surface of ulcer dark red, covered with a grayish matter." After a repose of ten days, Mr. Serre ordered the chloride of silver gr. 1-10th; no local application. In twenty-seven days the chancre cicatrized; there remained no induration.

Obs. 4th. "*Chancres at the base of the gland.*"—The patient, a soldier, twenty-five years of age, of a lymphatico-sanguine temperament, and of a feeble constitution. Date of the commencement of the disease not given. During the first sixteen days which followed the entrance of the patient, thirty pills of Sédillot (strong mercurial ointment,) were administered without producing any effect, except a slight diminution in the quantity of the suppuration. At this period there existed at the base of the glans, near the frenum, "a chancre of the size of a ten sous piece, very painful, and suppurating abundantly; pus grayish, and very fetid." One pill of chloride of silver gr. 1-10th daily; dry lint to the ulcer. After four pills the pain had entirely ceased, and the suppuration had sensibly diminished. On the twenty-sixth day after the administration of the silver the chancre had cicatrized.

Obs. 5th. "*Bubo in the right groin—inoculation—chancre in the thigh.*"—The patient, a soldier, twenty-six years of age, of a feeble constitution, and of a lymphatic temperament, entered



the ward six days after the appearance of a bubo in the right groin. The day after his entrance the bubo was opened. Inoculation on the thigh with the pus of the bubo, produced a chancre. Chloride of silver, in pill; emollient cataplasms to the ulcer. The chancre was cured in about thirty days.

Obs. 6th. "*Chancre and bubo.*"—Subject, a soldier, twenty-four years of age, of a lymphatic temperament, and of a feeble constitution. Ten days after the commencement of the disease, the patient presented a chancre upon the prepuce "as large as a piece of ten sous, and a bubo as large as a chicken's egg. Chloride of silver internally; application of the salt of ammoniac to the bubo; dry lint to the chancre. Three days later, fifteen leeches around the bubo, followed by emollient cataplasms; in a few days the bubo was opened. The chancre was cicatrized on the twenty-eighth day; but the bubo was not healed until the sixty-seventh day, "owing to the dressing being badly applied, and giving rise to fistulæ."

Obs. 7. "*Two vegetations in the form of a bridle at the base of the gland.*"—G., a soldier, twenty-two years of age, of a feeble constitution. Before his entrance the vegetations had been cut off and cauterized, but they returned, accompanied by an engorgement, which prevented the patient from uncovering the glans; his only internal treatment had been a tisan, with sarsaparilla. After a few baths of mallows, the glans could be uncovered; two vegetations were then seen—the largest, six lines long, and five lines at the base, was situated near the frenum; the second had the volume of a pea; they were both of a bright red colour. Chloride of silver, one pill daily. The vegetations became paler; two pills daily were then given; shortly after, the deuto-chloride of mercury gr. 1-10th, daily, was added. Under this treatment the vegetations became pale, and a "little diminished" in size. Local baths, with the liquor of Van Swieten, were next added. The baths, according to the author, produced a good effect. The patient left the wards entirely cured; duration of treatment seventy-six days.

Obs. 8th. "*Enormous cauliflower excrescence at the corona glandis.*"—This patient, a soldier, twenty-two years of age, of a bilious temperament, and of a strong constitution, was attacked with a discharge from the urethra, after which two chancres made their appearance, but soon healed; these were followed in their turn by a large cauliflower excrescence, which, placed at

the base of the glans, partly covered this organ; it was composed of a large number of vegetations—was an inch in length; besides, there existed four warts upon the prepuce; the whole was of a scarlet colour. (Chloride of silver gr. 1-10th; general bath; local baths, with an infusion of mallows; no local application.) In forty-three days one of the warts fell off, and the vegetations were diminished in size. The vegetations had entirely fallen off on the fifty-sixth day. The dose of the silver was increased, as there remained some induration. The patient left the hospital, perfectly cured, on the ninety-second day.

Having thus given an analysis of all the cases, before proceeding to examine them individually, we wish to make a few preliminary remarks. We regret to say that these observations are so imperfect, that it is impossible, at times, to feel positive that the case under examination is actually a chancre. The diagnosis of this disease is a much more difficult point than the author of the essay seems to imagine, inasmuch as ulcerations on the genital organs, of a perfectly benign character, frequently occur from excoriations,—uncleanliness and acrid secretions causing the vesicles of a herpes preputialis, or an erythema of the genitals, (intertrigo,) to degenerate into an ulcer, &c. &c. Nor is it sufficient to have an accurate description of an ulcer itself: its size, form, depth, the state of the edges, surface, and particularly the existence or non-existence of induration at the base, are important. But, before one can judge of the severity of the disease, it is essential that the condition of the surrounding parts be stated, whether they are red, swollen, œdematous, &c., and this the author has neglected in every instance. A knowledge of the general state of the patient during the treatment, is equally indispensable; and it is not sufficient to confine ourselves to the statement that the patient is of a strong or a weak constitution, a lymphatic or a sanguine temperament. There are two points in the history of chancre which should constantly be borne in mind, but which Mr. S. has entirely neglected, in arriving at his conclusions. One of them is a truth beyond contradiction, to wit, that a chancre may cicatrize when left to itself. How often, in fact, in large venereal hospitals, do we see patients present themselves with a secondary eruption, and, on examining the genital organs, find an indurated spot, where a chancre has but recently cicatrized, often too in spite of the most absurd remedies

which have been employed. This induration, then, which accompanies the true Hunterian chancre, we regard, in the second place, as the disease, or, at least, an important part of it, which it is indispensable to remove before the patient can be pronounced cured. Others, and perhaps with justice, go still farther, and regard this induration as an evidence that the constitution is affected. "It is," says Dr. Ricord, "the thermometer by which I judge of the existence and degree of the general infection: to remove this, then, by the knife, is of no avail, as the constitution would still remain tainted,—and, besides, such a proceeding would deprive us of its aid in making our prognosis, and in regulating our treatment." To prevent the induration, is, then, the first thing which should claim the attention of the physician. For this purpose, the usual and most rational treatment is to cauterize the chancre as early as possible with the nitrate of silver, (no existing circumstance contraindicating its employment,) in order to destroy the specific character of the disease, while the cauterization of the surrounding vessels diminishes the probability of absorption. The next object on the part of the physician is to promote the cicatrization by such local applications as the nature of the ulcer may require. At this period, as has been recommended by Wallace, mercury is often given to hasten a cure, and this indeed when fears of a general contamination are no longer entertained. But, let the induration once exist, and we then regard an internal treatment as necessary, in order to neutralize the properties of the virus, so to speak, and to promote the absorption of the indurated tissue: the mere cicatrization of an ulcer which may co-exist with the induration, we regard as of secondary importance.

After these general reflections, which we deem necessary for a proper appreciation of our remarks on Mr. Sicard's essay, we return to the examination of each of the above cases individually.

*Case 1st.*—The chancre was cicatrized in fifteen days after the commencement of the treatment with silver. This speedy cure will appear less remarkable, when we take into consideration the fact that the ulcer already dated thirty-six days back, when the remedy was first given; and that it is not impossible that the period of reparation had already commenced. The description of the chancre, we think, renders this the more probable, though its physical characters are not

sufficiently given to enable us to pronounce positively. Supposing it to be otherwise, the cure was by no means completed, as there still existed a "considerable induration,"—to remove which it had been necessary to resort to the powder of Vienna, sarsaparilla, and sulphur ointment. The actual duration of the treatment becomes fifty-seven days, instead of fifteen. This, then, is far from being a case of speedy cure; and if it were, so complicated was the treatment, that with every disposition to do justice to the silver, we cannot appreciate its effects in distinction from those of the other remedies.

The same remarks may be applied to the second case. Here the chancre was cicatrized on the fortieth day,—but the induration remaining, the powder of Vienna, and the bichloride of mercury, were resorted to. The third case is less objectionable. It would have been important, however, to have known what transpired during the ten days which elapsed between the day on which the actual state of the patient was given, and that on which the treatment was commenced. Did repose produce no effect? Here the duration of the disease was only twenty-seven days; but the ulcer, it must be remembered, was unaccompanied by induration, and for such a case the cure is by no means remarkable. It must be recollected that when a new remedy is under notice which many facts seem to prove to be inert, an individual case must be very striking before we admit the relation between the supposed cause and the effect.

The fourth case requires a serious consideration. During sixteen days, thirty pills of Sédillot (pills of mercurial ointment) were given, without producing any other effect than a slight diminution in the quantity of pus secreted. The chloride of silver was then immediately given; the patient had no sooner taken 4-10ths of a grain than the pain, which had before been very acute, ceased entirely, and the suppuration became sensibly diminished. Can it be possible that so minute a dose could have produced so wonderful an effect, when others have given it in doses of several grains, without producing the slightest change either in the general or local condition of their patients? or was it rather the first remedy which had but just commenced to act upon the system, for not a day was permitted to elapse between the administration of the one and the other?

We do not think that either of the internal remedies produced this happy change; we attribute



it solely to the application of the dry lint. During the administration of the pills there was no local application, consequently the pus was allowed to remain upon the surface which secreted it, which is at all times the worst practice; but no sooner was the chloride of silver ordered, than we remark the local application of the charpie. This we consider as amply sufficient to account for the diminution in the quantity of the suppuration, and the cessation of the pain. In fact, dry lint acts in these cases like a sponge, in absorbing the pus, which, suffered to remain, becomes acrid, decomposes, and invariably aggravates the local symptoms; and, besides, the gentle, stimulating effect of the charpie, tends to modify the character of the ulcer.

These few remarks, we think, are sufficient to show how short-sighted Mr. S. has been in neglecting to take into account the effect of so important an adjuvant, while he attributes the entire cessation of an acute pain, and the diminution of an abundant suppuration, to 4-10ths of a grain of chloride of silver. The duration of the disease from the change of treatment was twenty-six days. It may be well to remark here, that though Mr. Sicard repeats, in nearly every observation, "no local application," we find, nevertheless, that dry lint was applied to the majority of the chancres. This may be of trifling import in the eyes of Mr. S., but most physicians will consider it a very useful application.

In the fifth case, the chancre produced by inoculation from the bubo, required thirty days for its cure. In the sixth case, the duration of the chancre was about the same; but the bubo was not healed before the lapse of sixty-seven days. The seventh testifies neither pro nor con, as the treatment was too complicated, (chloride of silver, deuto-chloride of mercury, local baths, with the liquor of Van Swieten.)

In the eighth, the silver required ninety-two days to effect a complete cure,—fifty-six before the vegetation had fallen,—a period by no means remarkable for its short duration. Thus it will be seen that the average duration of the chancres in the above cases was twenty-eight days; and this, it must be remembered, only relates to their cicatrization. As regards the induration, the most important feature of the disease, the silver proved in every case perfectly useless,—the powder of Vienna, bichloride of mercury internally, and mercurial baths, having been resorted to by Mr. Serre himself, (in whose service these cases were taken,) before a cure could be effected.

As for the effect of silver in the cases of buboes and vegetations, the duration of the treatment was longer than that which is generally required, and in one case failed entirely.

The perusal of this paper, together with what we have already published on the same subject, (see Examiner, vol. i. p. 348,) must, we think, bring conviction to the mind of every one that the numerous observations thus far brought forward prove the salts of silver to be substances, harmless when given in small quantities, irritating the alimentary canal when too largely given, and possessing no curative properties.

We have already so far extended our remarks, that we pass over that portion of the essay which relates to the examination of the cases of Mr. Ricord ineffectually treated by silver, leaving the reader to judge himself of their value. (See work of Mr. Ricord, p. 253.) We cannot but regret, however, that the trivial objections urged by Mr. S. against these cases, should have proceeded from one who professes to view this subject with an unprejudiced eye. It is inconsistent enough to say that Mr. R. did not cure his cases because he gave the silver in larger doses than Mr. Serre had recommended, as if the latter could regulate the dose of a remedy which gives no evidence of its action on the system appreciable to our senses. Still more absurd is it for him to declare that the action of the remedy was interfered with by his cauterizing some of the chancres, while elsewhere he blames Mr. Ricord for not repressing the granulations by the nitrate of silver. It is evident from Mr. Sicard's remarks on the cases of Mr. R., that as a pupil of Mr. Serre, he is but too eager to force upon the profession the assertions of the latter, contradicted as they are by the very observations which are brought to support them. W. P. J.

Paris, October 14th, 1839.

*A Treatise on the Diseases of Infants, founded on recent Clinical Observations and Investigations in Pathological Anatomy, made at the Hospice des Enfants-Trouvés. By C. M. BILLARD, Docteur en Médecine de la Faculté de Paris, etc. etc. With Notes, by Dr. OLLIVIER, of Angers. Translated from the Third French Edition, with an Appendix, by JAMES STEWART, M. D. New-York: 1839. 8vo., pp. 620.*

The two institutions of Paris which are specially devoted to the treatment of the diseases of children, have given rise to many dissertations upon these affections. One of the hospitals for

children is appropriated to those above the age of two years. The other is the Foundling Hospital, which is almost exclusively given up to children who have not completed their first year of life,—and by far the largest proportion of these are much younger, and are admitted but a few days after birth. To the Foundling Hospital, Dr. Billard, the author of the present work, was attached, as resident pupil, or interne.

The internes of the French hospitals are selected amongst the most distinguished pupils, and do not generally enter those designed for children until they have already served a year or two in the hospitals for adults; they are, therefore, young physicians who are well instructed, and of considerable experience. Nevertheless, the treatises which they publish often bear internal marks of a partial and immature method of observation. They are generally excellent works, replete with facts, but the conclusions from these facts are often imperfect. Hence the practitioner is sometimes surprised at the disproportionate importance attached to particulars which are, in themselves, of little moment, and he is apt to be dissatisfied with the comparative feebleness of the practical portion of the work.

Billard's work is strangely tinged with the prevailing tendency of the Parisian system of medicine. That is, it is extremely anatomical, perhaps almost ultra in its mode of investigation, and refers a multitude of diseases to lesions of organs, which are sometimes quite unimportant, or, at any rate, are evidently the mere results of general disorders of the economy. Their trace is left, after death, on the organs of the body; but their actual progress was marked only by the functional disorders which cease with life. Is this an evil or vicious mode of study? It is, if the reader, or, still more, the observer, confounds the effects with the cause; if he identifies too closely disease with the consequences of disease; but if he merely assumes the lesion as a fixed point from which to commence the study of diseased action, by proceeding backwards towards the origin of the disorder, and then grouping together the various lesions which are obviously related together as effects of the same cause, the apparent evil becomes a sound and rational method of observation.

Besides, many disorders are obviously anatomical; that is, the anatomical lesion is the direct cause of death, and destroys life, either from the injured part being in itself essential to the due

working of the human machine, or from its clogging the wheels, or removing the supply of active power required for a more important organ. This is especially the case with many of the disorders of the air passages, which are either directly fatal, because their seat is in the lungs, or destroy life by attacking the larynx and trachea, and preventing a due supply of air from reaching these organs. Hence the study of these disorders is totally unintelligible without direct reference to a lesion which is the cause of death, although not, properly speaking, the cause of the disease.

Although the scope and bearing of Dr. Billard's work is, perhaps, rather too exclusively anatomical, the symptoms are detailed with as much care as was practicable under the circumstances in which the children are placed at the Foundling Hospital. These are such, that some classes of symptoms are more conveniently studied there than elsewhere, but those which are only to be observed by the watchful eye of a parent, necessarily escape notice at a hospital, especially a foundling hospital. Thus many physiological points connected with the pulse, the cry, the mode of respiration, &c., are readily detected by an observer who sees the child for a short time in each day, but the varying features in the physiognomy of the child, its uneasiness, and its distaste or craving for a food, are almost beyond the reach of observation in a large institution.

There are, however, a large number of symptoms, as well as lesions, which are much more easily studied in groups of children than in single individuals, and the distinguishing excellence of Dr. Billard's work consists in the very elaborate manner in which he has turned the Foundling Hospital to account, and has decided many points which must always have been left in doubt, if the children had not been grouped together.

The peculiar facilities of the hospital, and the able manner in which they have been made the most of by Dr. Billard, will render the book useful to the practitioner; not that it will supply the place of a complete work on the diseases of children, but because it furnishes much information that cannot be obtained elsewhere, and the physician who exercises his own powers of reflection, will know how to combine two different classes of facts in such a way as to render them of practical utility. We have stated that the



work is too strictly anatomical, and in that we have pointed out its leading error. The practitioner will not, however, fail to observe another which might seem of cardinal importance—that is, the treatment. The truth is, that the position of the children at all Foundling Hospitals is such as to place them under the worst possible hygienic circumstances. Treatment, therefore, may be judicious, but it will never be sufficient to counteract the influence of injurious circumstances which are constantly acting upon the child, and rendering the efforts of the therapist almost nugatory. The work, therefore, should not be regarded as a model of successful treatment; it furnishes a foundation for treatment, and nothing more was probably designed by the author, who was quite conscious of the inherent deficiencies of the Foundling Hospital.

Of the translation itself we may speak in the most favourable terms; it is carefully executed, and as free from gallicisms as the difficulty of the task will allow.

One fault is extremely inconvenient to the reader, and might readily have been avoided: it is the want of distinct separate headings for each page. A work, which will be frequently consulted, like that of Billard, should present every facility for reference.

## CLINICAL LECTURE.

### REPORT OF A LECTURE ON DYSENTERY, delivered by Dr. GERHARD, at the Philadelphia Hospital, Blockley, November 16th.

Dysentery is a disease of unfrequent occurrence in the cold seasons of the year. It is most commonly met with in summer and fall, the liability of inflammation being transferred with the approach to winter, from the bowels to the lungs. Dr. Gerhard, however, presented two cases of dysentery, one of the acute, the other of the subacute form.

The latter was that of a man aged sixty-five years; he has generally enjoyed good health: on his first admission into the hospital, he had intermittent fever, from which he recovered, and went about his usual employment. About a fortnight after this, (on the 1st of October,) he was again admitted, having been seized with dysentery two days before. It came on with frequent discharges from the bowels, which were watery, and passed with little pain. In a few days the character of the stools changed; they became yellowish, and were composed of thin fecal matter, mixed with mucus; but there was *no blood*. The patient has also suffered pains, but of no great severity, along the course of the colon, from the cœcum to the sigmoid flexure. He has not experienced nausea; his appetite has

been tolerable; he has suffered little from thirst. The skin has been harsh and dry, with considerable emaciation, and a countenance indicative of griping pain in the bowels; the features which give to it this expression, are the frown on the brow and compression of the lips. The degree of emaciation has varied frequently with the intensity of the case; being on one day extreme,—the next much diminished. The pulse has been sometimes quick, sometimes low; it now beats 96 in the minute. The skin is cool; there is, therefore, very little fever, nor has there been much at any time in the course of the disease. The tongue has been, throughout, dry, cracked, and red, as it almost always is, in severe cases of *chronic* dysentery. This appearance of the tongue is not so frequent in *acute* dysentery, because the inflammation requires some time to extend itself up the alimentary canal. In chronic cases we often find this condition of the tongue attended with a disagreeable taste, and even ulcers in the mouth. The patient's tongue is now become natural; abdomen slightly tender, and not retracted.

The *acute* case is that of a woman forty years of age. She was admitted on the 12th of November. During the summer she had an attack of dysentery, and has since been confined in the wards with rheumatism, but had recovered. Her present illness commenced on the 10th inst. The discharges were frequent and watery; on the 12th they contained mucus with some blood. She has had fever, but no chills; nausea, but no vomiting.

15th —The countenance is anxious; abdomen extremely tender and painful; stools passed every hour; they contain mucus, but no blood.

To-day (16th) the blood has reappeared in the stools. This disappearance and reappearance of blood in the stools, are of frequent occurrence in acute dysentery. The history of the case shows that the stomach has remained nearly intact, the disease being confined to the large intestine.

*Present condition of the patient.*—The countenance is very slightly flushed, especially the lips; there is no compression of the lips, as in the former case; the countenance expresses nausea and disgust, rather than griping pain. The skin is moist and pleasant, but has been warm and less moist. The tongue is covered with a brownish fur, but moist; there is pain, on pressure, all over the abdomen, but it is especially severe in the transverse colon, and sigmoid flexure; pulse moderately strong, but compressible, and beats 110. The intellect is confused and weak, but this condition is habitual to this woman, and is not connected with the disease.

Dr. G. then presented a case of tubercular diarrhœa; a disease having a close analogy to dysentery. The disease has continued for two months, the patient having for some time previous been labouring under phthisis pulmonalis. Since the commencement of the diarrhœa the pain in the chest has continued, but the cough has declined, as mostly occurs in such cases. The diarrhœa seems to act uniformly as a revulsive, and stills

the cough, or sometimes removes it for a time. The patient passes five or six stools daily; they consist of ordinary fecal matter, mixed with serum, but *no mucus or blood*.

The *diagnosis* of dysentery, is in general, easy in acute cases. The tormina and tenesmus, and peculiar stools are sufficient to distinguish it. But in the chronic form of the disease, the diagnosis is more difficult, as it is apt to be confounded with that form of diarrhoea which is produced by a tubercular condition of the follicles of the small and large intestine, and is usually preceded by a similar condition of the lungs. We are to distinguish them by the history of the case. Tubercular diarrhoea is, in most cases preceded by phthisis pulmonalis, that is, the disease generally begins in the lungs before it attacks the bowels. The discharges are generally irregular as to amount and frequency, and they differ in nature also from those of dysentery, as is proved by reference to the above cases.

*Anatomical lesions.*—Dysentery is an inflammation of the *large intestine*, as is sufficiently indicated by the position of the pain. This inflammation and its consequences in some cases extend a short distance into the small intestine, and even to the stomach; but it always commences in the large intestine, and is generally confined to it. It mostly begins towards the lower end of the colon, and is sometimes restricted altogether to within a short distance from the anus. The inflammation produces ulceration in various degrees; thickening of the mucous, and other coats; contraction of the calibre of the intestine, from the spasm of the muscular fibres, or sloughing of the mucous membrane, which may thus be extensively detached. The mucous follicles suffer much from the disease, and the ulceration generally begins in them, and then assumes a regularly rounded form; then smaller ulcers run together, and finally give rise to the extensive destruction of the mucous coat which occurs in most bad cases of dysentery. The anatomical lesions of this disease are of importance for the prognosis; for when you have become familiar with them you may readily understand how slow the intestine is to recover its normal condition; indeed, it is apt to remain for a long time more or less diseased, notwithstanding the diminution of the symptoms. The contraction of the gut is one of the greatest obstacles to perfect cure when the ulceration has been extensive, for it can no longer bear the distention caused by the passage of fecal matter, and every new process of defecation is a new irritant to the denuded surface. It is, however, surprising to find that the intestine will sometimes, though rarely, regain a healthy state after the most extensive sloughing and ulceration. That is, it will regain very nearly a normal condition, but, perhaps, remain a little more irritable than usual. These remarks are applicable to the protracted cases of the disease, where the ulceration is deeply seated, and the powers of restoration have declined. When the disease is acute, the most extended ulcers will cicatrize kindly, and leave behind a smooth cicatrix, with puckered edges.

These I have often seen months and years after an attack of acute dysentery, in patients who have died of diseases in no way connected with it. The depth of the ulcers is, therefore, more important than their extent.

*Treatment of dysentery.*—In the acute form of the disease, the treatment is sufficiently simple. The usual antiphlogistic means are required, with local applications to the inflamed mucous membrane, calculated to allay its irritability and remove its morbid secretions: these local remedies are narcotics and laxatives. In the practice of this hospital, especially during the present year, we rarely find it necessary to bleed. We give first a dose of castor oil, and then make use of the oily mixture. Calomel, either alone, or combined with opium or ipecacuanha, is by far the best remedy in severe cases; we sometimes also use ipecacuanha alone, or Dover's powder. In most cases mercurials are sufficient to effect a cure as soon as they produce ptyalism, when the symptoms of acute dysentery often cease at once. Half or a quarter of a grain of calomel, every two hours, will salivate in three or four days. It is usually combined with opium, to allay the griping, and prevent purging; or the pulv. ipecac. et opii may be employed in place of the opium, to effect the same objects. We have also frequently used ipecacuanha, either alone, or combined with opium or calomel. In the case of subacute dysentery before us, we have employed these articles, at times resorting to the acetate of lead, and various astringents, without much advantage: Dover's powder has produced the most benefit. In the acute case, we have administered half a grain of calomel, with three grains of Dover's powder, every two hours.

We rarely employ calomel as a *purgative* in this disease. We use it for a few days only, to produce its specific antiphlogistic effect,—that is, until slight ptyalism is induced. If it is not then attended with good effects, it should be given up: a continuance of its use will do much injury, and tend to increase the ulceration of the bowels.

This is a peculiarity in the action of mercurials; in many acute inflammatory diseases, the advantages to be gained are when the point of salivation is reached, which is a test of the operation of the disease, and the system may then be regarded as saturated. I am quite convinced that if, from any peculiarity of the system, or from the disease assuming an unusual tendency to the spreading of the ulcerations, mercury should be administered after ptyalism has been produced without benefit, the patient is decidedly injured. The remedy is best adapted to the inflammatory forms of the disorder, and, as we shall presently see, is least fitted for the sloughing or malignant variety.

Of the particular remedies in dysentery, purgatives have been extensively employed. We have used many articles of this class; the best we find to be castor oil, which purges sufficiently to carry off the vitiated secretions, without producing much irritation. To prevent the oil from



acting too harshly, and to lessen the irritability of the bowels, laudanum may be advantageously combined with it. The oleaginous mixture is a good formula for their combination; of this we may give half an ounce every two hours, till it begins to act on the bowels. Rhubarb will also answer well as a purgative, and when the active symptoms have declined, the spiced syrup answers better than any other remedy. Venesection is sometimes required in acute dysentery, when the pulse is strong and corded; but we have not found it necessary in any case which has occurred in this hospital during the present year. The epidemic character of the disease has not been of the violent inflammatory character, which is a cardinal point in the diseases of the mucous surfaces, and seems necessary to the perfect cessation of the disease. I would not have you to misunderstand me, the term, restoration of the secretions, has been much abused and used vaguely. It means simply, in this case, to bring about the natural secretions of mucus, &c., in place of the diseased ones of blood and lymph. A certain set of remedies tend directly to produce this effect, and by restoring the natural secretions, they not only prove that the disease is ceasing, but they contribute to its cessation by producing depletion in the most effectual way, that is, through the natural emunctories of the part. Cups and leeches to the abdomen, along the course of the colon, are also frequently advisable; the latter may also be applied around the anus, for the purpose of drawing blood from the hæmorrhoidal vessels, and relieving the tenesmus. Warm fomentations are very often beneficially employed. But these measures, however important, cannot alone be relied on for the cure of the disease; we must restore the secretions to their healthy condition. This is a principal, though not the only object for which we employ calomel, with opiates, &c. The action of opium in dysentery is peculiar; in the first place, it allays the local pain and general irritability; and secondly, it quiets the spasmodic movements of the intestine, and thereby facilitates the process of cicatrization. But it may likewise produce bad effects; it tends to lock up the bowels, and prevent the discharge of the morbid secretions. To obviate this disadvantage we seldom use it alone, but combine it with castor oil, calomel, or ipecac. It may sometimes, however, be employed singly, either at the commencement or towards the close of the disease; but never during the height of the inflammation. Opium is also used by *injection*. In this city, opiate injections in dysentery have not been much employed till within the last few years; and in the country their use is still very limited, but in this hospital we are in the habit of using them very largely. From twenty to forty drops of laudanum may be administered in this way, but not more, for dangerous consequences from time to time result from the frequent employment of large quantities of so powerful a narcotic, particularly when given by the rectum, in which mode of administration its action upon the

brain is more irregular than when given in any other way. We usually inject twenty drops of laudanum mixed with a small portion of mucilage, every two, three, or four hours, according to the severity of the tenesmus, and the effects of the remedy; thus, if the stools cease, or if the mind becomes confused, dull, or the patient sleepy, its use should be suspended. There is still another way in which opium may be employed in dysentery; that is, by means of poultices sprinkled with laudanum, and applied to the abdomen.

Of the other remedies employed in dysentery, ipecacuanha, as we have already mentioned, is among the most useful. It is used either singly or combined with calomel or opium. A very effectual method of administering it, is in combination with extract of gentian and blue mass. This combination originated with Mr. Twining, and has been extensively and beneficially employed in India. It generally produces vomiting at first, but in a short time this effect ceases. We have tried it in one epidemic; its administration was followed by nausea and diaphoresis, and a considerable alleviation of the symptoms. It sometimes failed, but was generally successful. The proportions are, six grains of ipecacuanha, four of blue mass, and five of the extract of gentian.

Various other remedies have been employed in acute dysentery. They are principally depletions, such as saline purgatives, calomel in large doses, &c. These will doubtless answer in many of the ordinary cases of the disease.

*Malignant Dysentery* is a form of the disease requiring considerable modification in the treatment. It occurs for the most part in hospitals, ships, camps, &c. We had an epidemic of it in Philadelphia in 1837, and some cases in 1838. It is so violent and rapid in its progress as sometimes to produce gangrene of the intestine in two days. It is attended with great prostration of the vital powers; subsultus tendinum, and various other signs of debility and nervous disorder. All modes of treatment will frequently fail in this form of the disease. In the epidemic of 1837, we found it necessary to resort to stimuli, tonics and astringents; as wine or brandy, cinchona or cascarilla, with the early use of kino, catechu or chalk. Opium was also employed as a stimulus.

Another variety is the *subacute*, of which we have an example in the first case above detailed. It occurs mostly in persons above the age of forty; and appears to be the effect of irregular habits, or of the gradual decline of the powers of life. In these cases, besides a regulated diet, we find Dover's powder to be the most effectual remedy; it succeeds better than mercurials. We have given it in three grain doses every four or six hours. Cases of subacute dysentery are unfrequent in summer, being most commonly met with in the fall. We have had many cases of it in this hospital; they have been principally confined to the lunatic wards—a circumstance which is explained by the debilitating effect which a disordered mind has upon the system.

Besides the remedies already spoken of, the acids have been largely used in the treatment of dysentery. This practice originated in tropical climates, where lime juice, vinegar, and other vegetable acids were employed. The use of the mineral acids was introduced by Dr. Hope, whose mixture of nitrous acid, camphor and laudanum, has been of late years so extensively used in bowel diseases. It often produces the best effects, but will not answer in the sloughing form of the disease. It proves most effectual in the subacute variety, and sometimes in the acute, after the severity of the case has declined; but in the ordinary cases of acute dysentery, the benefit produced by this mixture is very problematical. The dose is about half an ounce every two or three hours.

The acid practice is founded upon a peculiar change in the symptoms of the disease which occurs in dysentery. The stools and saliva become extremely alkaline, and even the urine and perspiration lose to a certain extent or altogether their excess of acid. In giving the mixture I have usually continued its administration until the excessive alkalinity of the secretions had diminished or altogether ceased.

*Chronic Dysentery* is another form which we frequently meet with. We have a case of it at present, in a woman who has been suffering with it for six or seven weeks. There has been griping in the region of the transverse colon, but during the last week it has been slight: there have been three discharges in the last ten or twelve hours; the skin is dry and harsh; the patient is much emaciated; this form of the affection, indeed produces more emaciation than any other disease except cancer. Chronic dysentery may last for years, and produce extensive ulceration or sloughing; and when once checked, is very liable to return.

*Treatment of Chronic Dysentery.*—We must rely principally upon a regulated diet, of such a nature as will best agree with the patient; in most cases farinaceous articles answer best, while others require animal food. Of the remedies to be employed, the best are opium and ipecacuanha; calomel, in minute doses, will also prove useful. In many cases, travelling by land or sea, particularly the latter, has operated very beneficially, by producing a general alteration and improvement in the system. This has been found to be particularly the case in the dysentery of the East Indies.

From the preceding remarks you will understand that our treatment of dysentery must vary exceedingly in the different forms of the disease. The success of the treatment will, therefore, be various in different epidemics. In the malignant, sloughing dysentery which occurs in camps, &c., the mortality is generally great, while, in some epidemics, it is comparatively trifling; we should not form a general opinion of the character of the disease from observation of a single epidemic, and still less, can we estimate the success of our treatment, unless it has been tested in various epidemics and in different years.

A multitude of remedies are often prescribed and used with great benefit in the treatment of the disease; the limits of this lecture will prevent me from even mentioning the greater part of them, but they will be in general suggested by the peculiar symptoms of each case, and you will often succeed in the most obstinate cases, by attending to some apparently unimportant particulars, such as the condition of the skin, or some slight change in the diet or mode of life of the patient.

In laying so much stress upon mercurials, I do not wish you to understand that I am in the habit of administering these remedies carelessly, or with unnecessary frequency. On the contrary, I rarely prescribe them; nor would I use them in dysentery when mild purgatives will cure the disease readily; it is only in severe cases that I prefer the mercurial treatment, which is unquestionably the most effectual, and most rapid means of getting rid of the disorder. There is no necessity for producing decided ptyalism; a slight action upon the gums is sufficient to test the effects of the remedy.

I have explained to you the anatomical lesions at length, because your prognosis is, in severe cases, to a great degree, founded upon their extent, and you will perceive that a complete cure can only take place when the ulcerations of the intestine are healed.

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## FOREIGN SUMMARY.

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### VELPEAU'S CLINICAL LECTURES ON OPHTHALMIA. No. X.

#### *Sequelæ and Complications of Keratitis.*

*Softening of the Cornea.*—Whenever a tissue becomes inflamed, the cohesion that exists between the elements of which it is formed, is always more or less diminished, according to the nature of the tissue. It is not, however, to this phenomenon, which is too general and too well known to require comment, but to a peculiar form of softening of the cornea—a form which has not yet been sufficiently studied by authors, that I wish to draw your attention.

After inflammation of the cornea, the tissue of that organ softens in some instances to such an extent that its form may be entirely altered. Thus, M. Mirault mentions a case in which the pressure of the eyelids caused the cornea to lose its convex form, and to become perfectly flat. It may be pressed forwards, and become elongated, so as to hang between the eyelids, as in a case of M. Stæbers. It may also project, and assume a conical figure, when the softening occupies the centre, or forms a half transparent yellowish brown tumour. When the softening is only partial, and exists in different parts of the membrane, you will sometimes see on its surface several tumours, which appear, by their brownish colour, as if formed by the iris. Some cases have even been observed in which the softening of the cornea was so great, that its form changed under the influence of muscular contraction.



I have occasionally met with a species of softening of the cornea, which is but imperfectly known; indeed, I do not know whether it has ever been properly described. The cornea, the tissue of which has become extremely rarefied, forms between the free margins of the eyelids, a black, brown, or reddish tumour, projecting like a large staphyloma of the iris. This tumour is soft, insensible and radiated. I first observed it in two women, nurses at the Hôpital de la Maternité, who were both affected with a chronic vaginal discharge. They were both of a lymphatic constitution, deteriorated by poverty and bad living, and had been attacked without any appreciable cause, with violent purulent ophthalmia. The flaccidity of the muscles, the copper-coloured appearance of the face, and the vaginal affection, led me to suppose that they were affected with syphilis, although they positively denied this to be the case.

These various forms of softening of the cornea are nearly always attended with serious consequences to the functions of the eye. The cornea being generally more or less deformed, even in the most favourable cases, vision is necessarily disordered.

When the disease does not depend on a specific cause, astringent collyria constitute the best medication. If, on the contrary, the affection appears to be of a specific nature, the treatment must be modified accordingly. Thus, in the cases I have just mentioned, emollient and astringent applications having failed, I had recourse to antisiphilitics. This treatment very soon arrested the progress of the disease, and by then cauterizing with the nitrate of silver, the cure was completed.

*Gangrene* of the cornea, considered merely as the consequence of inflammation of that membrane, is of extremely rare occurrence, so much so, indeed, that I have never yet met with a case. Saunders, it is true, says that he has often seen keratitis followed by gangrene; but the cases he brings forward, as also the facts mentioned by Mr. Lawrence, appear to me to apply more to suppuration and softening of the cornea than to gangrene of that organ. Beclard and M. Mirault in France have, however, each published a case in which the gangrene certainly appears to have been the consequence of inflammation. If we are to look upon all these cases as being really instances of gangrene, we may conclude, that, existing as a termination of keratitis, gangrene does not always give rise to the perforation of the cornea, as the superficial lamellæ only may be disorganized. An albugo, or leucoma, is however, the necessary consequence of such a lesion.

After keratitis, *vegetations* are occasionally seen on the cornea. The situation, and aspect of these vegetations are exceedingly variable; sometimes they occupy the circumference of the cornea; sometimes they are only met with on the centre of that membrane. When they are situated near the circumference of the organ, they may either

entirely surround it, or merely show themselves on a segment of its margin. They advance more or less on the cornea, are of a grayish or reddish colour, of variable size, and have the flattened, granular appearance of the papillæ of the tongue. When they appear in the centre, their size is smaller and their colour less vivid. They may either be separate or clustered together.

The only rational mode of treatment that can be resorted to consists in excision and cauterization. If the vegetations are small, cauterization with the nitrate of silver is generally all that is required; if they are large and hard, they should be excised with a lancet or a cataract needle, and the exposed surface then cauterized.

Under the name of *aphthoidal papulæ* I have sometimes described to you a species of vegetation which I have often observed, and which I think constitutes the *poros* or *porosis* of surgical writers. These papulæ, which are generally found at the union of the sclerotica with the cornea, occupying the extremities of the transverse diameter of the eye, have the appearance of a variolous pustule. M. Sichel, who looks upon them as indicating scrofulous ophthalmia, says, that they are never seen beyond the limits of the sclerotica. This assertion, however, is not correct, for I have seen them on the surface of the cornea, as far as two lines from its circumference. When they appear near the edge of the cornea they are hard, adherent, of variable size, of a pale red colour, and seem formed by the conjunctiva and the cellular layers immediately underneath. The summit of the papula soon becomes flattened, depressed, and assumes a yellowish tinge, having exactly the same appearance as the aphthæ of the mouth. Those which are met with on the cornea are generally narrow, and form the summit of a vascular triangle or pyramid. These papulæ have been described by some authors as ulcers, although, in reality, they are but simple aphthæ; the excavation which they present not depending on loss of substance, but on thickening of their parietes. Mr. Wardrop says that they are most frequently met with in winter, and in cold wet weather; I have myself seen them in every season of the year.

The presence of these papulæ, which generally disappear with the inflammation which has given rise to them, is not attended with any danger. The astringent collyria, dry or liquid, nearly always prove sufficient to effect a cure; but cauterization with the nitrate of silver is decidedly the most efficacious remedy.

*Abscesses.*—When the cornea is inflamed, of a white, semiliquid, puriform matter, eff occasionally takes place between the lamellæ of that membrane, as most of you, no doubt, have frequently had an opportunity of observing. There has been much discussion to ascertain whether this matter, which Scarpa calls *concrescible lymph*, is of a purulent nature or not; or whether, indeed, the cornea is susceptible of suppuration. In my opinion the dispute is merely one of words. Each tissue may be said to have its own mode of suppurating. The suppuration of a mu-



cous or of a serous membrane does not, as you are well aware, furnish a pus exactly similar to that which is produced by the suppuration of cellular tissue or of the skin. Is it not, therefore, perfectly rational to allow that suppuration of the cornea may present peculiar characters—characters which are not met with in the suppuration of other tissues? In short, it is of but little importance whether the matter be called pus or coagulable lymph, provided the characters which it presents, when effused between the lamella of the cornea, be carefully noted.

These abscesses nearly always exist as sequelæ of interstitial keratitis. Their characters differ, according as they are situated near the sclerotica, or in other parts of the cornea. When they do not occupy the circumference of the organ, their form, size, and position, may vary considerably. Sometimes they are globular, sometimes they are flattened; their size is generally about that of a millet seed: in some instances, however, they appear under the form of yellowish patches, of variable size, surrounded by an opaline areola. They may occur in any part of the cornea, but are more frequently met with in its lateral and inferior regions, than above the pupil. If the abscess is superficial it soon opens externally; if, on the contrary, it is deep-seated, several weeks may elapse before such an event takes place; nor does it always thus terminate. The posterior lamellæ of the cornea may be perforated, and the abscess empty itself into the anterior chamber; this is, however, seldom the case. It is generally considered advisable not to open these abscesses, but to allow them to open spontaneously. Such is certainly the most rational plan, but I am inclined to think, from several experiments which I have made, that the incision of an abscess of the cornea is scarcely ever attended with serious consequences; that it is not dangerous, as has been asserted, but merely useless. That the operation should be useless is easily accounted for, when we consider that the matter which forms the abscess, being half concrete, and extremely adherent to the tissue of the cornea, does not escape through the opening which has been made; but, when the abscess is of a certain size—when it is situated opposite the pupil—and does not seem likely to open alone, it is necessary to use the lancet, as its desiccation might give rise to a permanent opacity of the cornea.

When abscesses of the cornea appear near the sclerotica, they assume a semi-lunar shape, and have received the name of onyx, from the resemblance which has been found between them and the lunula which is seen at the attached extremity of the nails. Some authors have asserted that they are only met with on the inferior segment of the cornea, but this is not correct, as I have seen them on every portion of its circumference. These abscesses frequently terminate by resolution, but sometimes they extend, on the contrary, in such a manner as to give rise to purulent infiltration of the entire organ. They may open externally, in which case they are followed by a deep incised ulcer, or internally into the anterior chamber,

thus giving rise to hypopium. The treatment of this class of abscesses is the same as that of the preceding, with the exception that the use of the lancet seems really to retard the cure. Every thing must be done that is calculated to promote the resolution of the effused matter. The remedies which are likely to produce this effect are those which are employed in the treatment of acute keratitis.

Ulcers of the cornea constitute an important complication of keratitis, and have ever attracted great attention from ophthalmologists. They are generally the consequence, but may also be the cause of acute inflammation of the cornea, and as a thorough knowledge of their various modifications may throw some light on the treatment I intend to study them with care. On examining attentively the various ulcers which are observed, and on taking into consideration their seat, and their mode of development we may, I think, establish five species, the characters of which are sufficiently striking to distinguish them easily from one another. In the last century, many more were described by surgical writers, but those which I am about to enumerate comprise all the forms of ulceration which are really met with in practice. They are as follows:—

The *nephelion*.

The lymphatic or plastic ulcer.

The *bothrion*.

The *epicauma* or burning ulcer.

The incised ulcer (*en coup d'ongle*.)

Were the depression occupying the summit of the papulæ, which I described when speaking of vegetations of the cornea, to be considered as an ulcer, we should have to admit a sixth species; but you are well aware that the papulæ in question are merely aphthæ, the product of diphtherical inflammation.

The *nephelion* is an extremely superficial ulcer, and generally appears on the centre of the cornea. It is seldom single, several ulcers of the same species being nearly always clustered together. There is also nearly always a slight effusion of lymph between the lamellæ of the cornea around the ulcer, which renders it extremely difficult to distinguish it from a nebula. If, however, you examine the cornea attentively with a lens, or even with the naked eye, you will find in the centre of the slight opacity, one or more small excavations in the form of a cupola. This kind of ulcer, called by the ancients *achlys* or *caligo*, is principally met with in children and young people. It is rare in persons above thirty, and is never seen in those who are above forty.

When an abscess or a collection of coagulable lymph formed between the lamellæ of the cornea, opens externally, the small wound to which it constitutes what has been called the plastic ulcer. This species of ulcer is more frequently met with in practice than any other. The size varies from that of a pin's head to that of a millet-seed. The edges are jagged, irregular, festooned, and the bottom is uneven. It is slow in cleansing, and the tissue of the cornea being consequently protected from the contact of the air, there is less



photophobia or epiphora than in the other forms of ulceration. It is worthy of remark, that the opacity to which the plastic ulcer gives rise, is generally more extensive and deeper seated than that which follows other ulcers. When it is situated near the circumference of the cornea, it generally rests on the summit of a vascular patch of a triangular or pyramidal form, the basis of which is on the conjunctiva. The vascular patch, which at first might be taken for pterygium, is sometimes thick and moveable; sometimes, on the contrary, it is thin, or seems to belong entirely to the cornea. The plastic ulcer is considered to be one of the characters of scrofulous ophthalmia. It is more especially observed, it is true, among young people and persons of a scrofulous constitution, but this is by no means a general rule. The numerous cases of the plastic ulcer which we have had lately, or have yet, in our wards, must have proved to you that it may occur in all ages and in all constitutions.

The *Bothrion* ulcer commences by a phlyctena, which, being nearly transparent, often passes unperceived. In the course of a day or two this phlyctena breaks, and is succeeded by an excavation. The ulcer which is thus formed may be either superficial or deep-seated. When it is superficial, it is generally of a circular shape; when it is deep-seated, it often assumes the form of a tear, with the point turned outwards. The bottom is transparent, and differs so little from the tissue of the cornea, that when the ulcer is superficial, it is often only by looking at the eye sideways that you can discover its presence. The small vessels which are distributed to the neighbourhood of the ulcerated surface, arise from the deep-seated vascular layer. These vessels are often larger and more numerous around the ulcer than on the sclerotica, and sometimes appear all to arise from a common trunk, which is plainly seen on the margin of the ulcer. The dread of light, and the shedding of tears, are carried to a greater extent in this form of ulceration than in any other.

The progress of these ulcers is rather singular; the vascular injection of the cornea and other tissues of the eye gradually diminishes, and at last disappears, as likewise the photophobia and epiphora. The ulcer, however, still retains the same excavated appearance, and often remains in this state for a considerable length of time; the slight cavity it forms may even become indelible, in which case the patient is continually exposed to a renewal of the inflammation.

In this, and in the preceding form of ulceration, the tissue of the cornea is sometimes entirely destroyed. When this is the case you will see a small bulla arise gradually from the bottom of the ulcer, until it slightly protrudes on the free surface of the cornea. The small tumour or myocephalon, which is thus formed, is owing to the hernia of the membrane of the aqueous humour, and must not be confounded with hernia of the iris, or the true myocephalon.

The *Epicauma* or serpiginous ulcer, thus denominated by the ancients, and described by Ware under the name of abrasion of the cornea, at first

certainly bears more resemblance to an excoriation of the superficial lamellæ of that membrane than to a real ulcer. It is often met with in acute keratitis, when it appears under the form of a slight abrasion of the cornea, sometimes several lines in width, which is generally situated near the circumference of the organ, and which gradually advances towards the centre, without, however, ceasing to be superficial. In some instances, I have known it to occupy the entire circumference of the cornea, the central portion only remaining intact. Were I to be guided by my own experience, I should say that the superior half of the membrane is more especially the seat of this kind of ulcer. If the epicauma in this, its first period, be left to itself, it gradually sinks deeper into the tissue of the cornea, and at last assumes the appearance of a real ulcer. When there are several of these ulcers present at the same time, the aspect of the cornea is peculiar; it appears as if it were covered with facets. There is little or no vascularity of the subjacent tissue of the cornea, or of that which surrounds the ulcerated surface; the conjunctiva, on the contrary, is, generally speaking, considerably vascularized. There is, nearly always, considerable photophobia and epiphora; but the intensity of these symptoms varies with the depth and extent of the lesion. The pain, which is often severe, is superficial, and does not irradiate to the orbit. When the ulcer is healed, there remains a slight opacity of that part of the cornea on which it was situated, and vision is consequently more or less disordered; but this opacity diminishes with time, and sometimes disappears entirely.

The *incised* ulcer, although not separated from the other species of ulcers by the ancients, is well worthy of a separate description. It has been described with care by Mr. Lawrence, in his work on Venereal Diseases of the Eye, as a symptom of venereal ophthalmia; I have, however, often met with it, when I could not possibly attribute it to a venereal affection. This ulcer is nearly always found at the circumference of the cornea, near the sclerotica, in the same situation as the senile zone, under the form of an arc of a circle, from one to four lines in length, but scarcely ever more than a line in width. It has two lips or edges, which do not offer the same characters. The outer or sclerotic lip appears as if it had been cut perpendicularly, and is red and vascular, owing to its being formed in a great measure by the conjunctiva, which is thickened and injected. The inner lip, on the contrary, is slightly bevelled, and remains at first perfectly transparent, unless there be suffusion of that portion of the cornea. In a short time, however, vascular filaments appear in the tissue of the cornea underneath and around the ulcer; you will even sometimes see vessels perfectly isolated in the ulcerated cavity. This kind of ulcer never advances towards the centre of the membrane; its depth, however, gradually increases, and the arc which it forms extends progressively along its circumference. When there are several, they may unite so as to circumscribe and isolate the cornea entirely. The



incised ulcer is always accompanied by photophobia and epiphora; these symptoms are, indeed, often very intense. It gives rise to vegetations of the cornea more frequently than any of the other species of ulcer.

The various species of ulcer, which we have thus briefly examined, are nearly always the result of keratitis. They may, however, in some instances, be the cause of the inflammation of the cornea; as, for instance, when a metallic particle flying into the eye, becomes implanted into the cornea, and, on falling, leaves behind it a bothrion ulcer.

The characters which I have given you, if borne in mind, will always enable you to distinguish these ulcers from one another—a point of great practical importance in the treatment of ulcerated keratitis, for you must not suppose that the distinctions I have established are merely theoretical.

*Narcotine as a substitute for Quinine.*—The muriate of narcotine is recommended in the Calcutta Medical Journal as a substitute for quinine. A strong mass of testimony will be required to induce the prudent practitioner to experiment with any new remedy, to the exclusion of, perhaps, the most valuable and certain article in the materia medica."

*Nitrate of Silver in Phlogosis of the Mucous Membranes.*—M. Boudin has extended the application of nitrate of silver to the cure of inflammations and ulcerations of the ileum, which constitute one of the most constant lesions in typhoid fevers. When diarrhoea is the principal symptom, he administers the nitrate in enema, in the dose of from two to eight grains dissolved in six ounces of distilled water; and when gastric symptoms predominate, he gives it by the mouth, in pills, in the dose of a fourth to half a grain; and when the whole gastro-intestinal mucous membrane appears phlogosed, he combines the two modes of administration.—*Edinburgh Med. and Surg. Journ.*, from *Journal des Connaissances Medicales Pratiques*, May, 1838.

*On the Disorders of the Brain connected with Diseased Kidneys.* By THOMAS ADDISON, M. D. (Guy's Hospital Reports, No. vi, April, 1839.)—According to Dr. Addison's experience, cerebral affections, connected with renal disease are marked by a pale face, a quiet pulse, a contracted or undulated and obedient pupil, and the absence of paralysis.

He distinguishes five different forms of cerebral disorder. These are:

1. A more or less sudden attack of quiet stupor, which may be temporary and repeated; or permanent, ending in death. This form of cerebral disorder appears to be characterized by a mere torpidity of manner, sluggishness of intellect, and tendency to quiet stupor, and is met with of

all degrees of severity up to its most exquisite form, when there is complete insensibility to all surrounding objects. There is, however, no paralysis, no laborious or stertorous breathing, and no convulsions, the face is pale, and the pulse quiet. This appears to be the least formidable variety of cerebral disorder attending renal disease, and is chiefly connected with temporary derangements of the functions of the kidneys. Thus it is not unfrequently observed at an early period in the progress of scarlatina, and in cases of fever, as also in retention of the urine from stricture or calculus. In such instances the symptoms pass away and the patient recovers.

2. A sudden attack of a peculiar modification of coma and stertor, which may be temporary, or end in death. The first form of cerebral affection sometimes passes into this, which is the serous apoplexy of authors. The coma is, for the most part, complete, so that the patient cannot be roused to intelligence for a single moment. The stertor is peculiar, and in a measure characteristic of this form of cerebral disorder. It has not the harsh, deep, guttural sound of ordinary apoplexy, but has more of a hissing sound, as if produced by the air striking against the hard palate or the lips, rather than against the velum and throat. The act of respiration is in general more hurried than in ordinary apoplexy. The face is pale, often remarkably so; and this, combined with the peculiar hissing stertorous breathing, has often enabled Dr. Addison to pronounce the comatose symptoms to be dependent on renal disease, without asking a single question.

3. A sudden attack of convulsions, which may be temporary, or terminate in death. The face is pale, though occasionally it is flushed at intervals. The pulse is singularly quiet, but during the convulsions becomes rapid, irregular, and jerking. This form frequently passes into the next variety, which, in fact, is—

4. A combination of the two latter; consisting of a sudden attack of coma and stertor, accompanied by constant or intermitting convulsions. These two last forms of cerebral disorder indicate a more serious affection of the kidneys than the first variety. Dr. Addison has observed them most frequently in cases of renal dropsy after scarlet fever, and in that form of dropsy supposed to arise from direct exposure to cold and damp, and known by the name of inflammatory dropsy. Still, patients often completely and permanently recover.

5. A state of dullness of intellect, sluggishness of manner, and drowsiness, often preceded by giddiness, dimness of vision, and pain in the head, proceeding either to coma alone, or to coma accompanied by convulsions. This form makes its approach in a more gradual and insidious manner than any of the other varieties of cerebral disorder which are connected with diseased kidneys. It is the most stubborn and intractable, as well as most fatal form, and is usually associated with that particular disorganization of the kidney described by Dr. Bright.

*Edin. Med. and Surg. Journ.*